



BANKING INFORMATION AND BANK REFERENCE AUTHORIZATION

Dear Client:

We find that banks, as a rule, will **NOT** release information supporting a credit line request on an account without an authorized signature from YOU, their customer.

So that we can process your credit application with us promptly, please sign below, authorizing Trisoft Graphics, Inc. to obtain the requested financial information from your bank. Please return this authorization with your signed credit application. Our fax number is: (714) 436-0501

Thank you for your cooperation.

I hereby authorize my Bank(s), named below, to release the banking credit information requested below, on this form to:

Trisoft Graphics, Inc. 245 Fischer Ave., Bldg. D7, Costa Mesa CA 92626 U.S.A.

Your Company Name: _____

Authorized Name & Title (please print): _____

Authorized Signature: _____

Date: _____

Name Of Bank (please print): _____

Bank Address (#/St./City/State/Zip): _____

Bank Phone # and Fax #: _____ Fax: _____

Name On Account: _____

Account # : _____

BANK-SUPPLIES INFORMATION BELOW:

Date Account Opened: _____

Average Bank Account Balance: _____

Any NSF Checks (Y/N): _____ # Of NSF Checks: _____

Loan Experience: _____

Secured: _____

Unsecured: _____

Comments: _____

Signed: _____

Bank Employee Name/Title (please print): _____

Signed: _____

Date: _____

Thank you for the above information in support of your customer's credit application.